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COVID-19 and Racism—a double edged dagger

COVID-19 has emerged as a multi-system disease with diverse clinical outcomes. But its complexity transcends the sophisticated biological machinery of the virus that causes it. COVID-19 has exposed fragile health systems, inept governments, and rivalry between nations, and led to the worst economic crisis in recent memory. It has hindered access to health care for the most vulnerable, and amplified health inequalities.

Black people and other ethnic minority groups are at higher risk of both contracting the virus and experiencing worse COVID-19 outcomes than white people, as recognised by Public Health England and the CDC. These health disparities are not driven by biology—they are caused by socioeconomic and political determinants, and are fuelled by racism. Minority populations have a disproportionate prevalence of conditions such as type 2 diabetes and obesity, both risk factors for severe COVID-19. As we discussed in a recent Editorial, it is unacceptable that racial inequity still occurs in diabetes care in 2020.

The tragic fate of George Floyd at the hands of a white American police officer and the massive waves

of activism it unleashed provide a stark opportunity for self-reflection. The majority of white people might not deliberately discriminate against others based on their skin colour, but how many times have they witnessed white privilege in action and remained silent?

Building on *The Lancet's* long-standing reputation for advocating for health equity, on July 4, 2020, *The Lancet* group issued an anti-racism pledge. We will support Black and minority ethnic communities and help amplify their voice, and the time to act is now. On July 10, 2020, *The Lancet Diabetes & Endocrinology* published a Correspondence by Crystal Johnson-Mann and colleagues on how they have witnessed racial health inequities during the COVID-19 pandemic, as both African-American and female bariatric surgeons.

We will redouble our efforts to increase representation of Black and minority authors in the journal and highlight racial and ethnic inequalities until such time as equitable health care is achieved for all.

■ [The Lancet Diabetes & Endocrinology](#)



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[https://doi.org/10.1016/S2213-8587\(20\)30243-6](https://doi.org/10.1016/S2213-8587(20)30243-6)
For Public Health England data see <https://bit.ly/3gulfme>
For CDC data see <https://bit.ly/2ZPg2St>
For racial inequity in diabetes care see [Editorial](#)
Lancet Diabetes Endocrinol 2020; 7: 887
For the Lancet's anti-racism pledge see <https://www.thelancet.com/antiracism>
For the Johnson-Mann, Hassan and Johnson Correspondence see page 663

EDCs: time to take action

Almost three decades have passed since a diverse group of 21 experts assembled at the Wingspread Conference Center in Racine, Wisconsin, USA (July 26–28, 1991), to assess the impact of industrial and agricultural chemicals (and their capacity for altering endocrine systems) on wildlife and humans. Wingspread, as the meeting came to be known, introduced the terms 'endocrine disruption' and 'endocrine disruptor' into our vocabulary, produced the first Consensus Statement on endocrine-disrupting chemicals (EDCs), and marked the dawn of the endocrine disruption field as we know it today.

EDCs (such as bisphenol A and phthalates) are chemicals that dysregulate normal endocrine homeostasis by mimicking, blocking, or interfering with hormones in the body; are pervasive in our environment, food, and consumer products; and have been linked to an array of endocrine-related conditions such as obesity, type 2 diabetes, and thyroid disorders. Given the rapid increase in incidence of these conditions in recent decades (which makes a genetic cause unlikely), the role of EDC exposures as potential environmental drivers of

these non-communicable disease epidemics cannot be discounted.

In this issue of *The Lancet Diabetes & Endocrinology*, we publish a two-part Series on EDCs: implications for human health; and economic, regulatory, and policy implications. The overarching message from the Series is that the growing body of evidence implicating EDCs as human health hazards supports urgent action to reduce exposure to EDCs and this can be best achieved through regulation. The Series authors, led by Leonardo Trasande, call for the establishment of a new autonomous international agency that would bring together diverse experts, produce international collaborative reports on EDCs, and advance global movement on regulations.

In the years since Wingspread, public awareness of EDCs and individuals' desire to minimise exposure has dramatically increased. The science of endocrine disruption has also advanced considerably, but in the process far outpaced regulatory practices for control of EDCs. Overcoming this regulatory inertia is of paramount importance if citizen health and the environment are to be protected. ■ [The Lancet Diabetes & Endocrinology](#)



For the Series on EDCs see <https://www.thelancet.com/series/endocrine-disrupting-chemicals>
For implications of EDCs for human health see [Series](#) page 703
For economic, regulatory, and policy implications of EDCs see [Series](#) page 719